

Best Available Copy

CLAIMS ONLY							Application Number		Filing Date	
							Applicant(s)			
* May be used for additional claims or amendments										
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT					
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1					51				
2		1				52				
3		1				53				
4						54				
5		1				55				
6		1				56				
7		1				57				
8		1				58				
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41						91				
42						92				
43						93				
44						94				
45						95				
46						96				
47						97				
48						98				
49						99				
50						100				
Total Indep						Total Indep				
Total Depend						Total Depend				
Total Claims						Total Claims				